Lecture 5: The Global Mental Health Movement

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Globalizing Mental Health

- 2007 *Lancet* launched Global Mental Health movement to "end mental health's status as a secondary concern." Argued that:
  - Mental disorders a substantial "though largely hidden" proportion of overall illness and disability burden.
  - Up to 30% of global pop. will develop mental disorder in any given year.
  - Need to "scale up" services globally.
- Movement brings together diverse actors (MDs, gov't, business, NGOs) to:
  - Improve mental health literacy, especially in the Global South.
  - Destigmatize mental illness.
  - Ensure access to care across the world.

Key Question

- Are mental illnesses essentially universal diseases or are they cultural formulations necessarily bound by locality?
- Bassett & Baker, three schools of thought:
  - Absolutist: form and content of mental disorders essentially the same everywhere.
  - Universalist: although content/framework might differ by place, same basic problems exist everywhere.
  - Relativist: what counts as distress is unique to any culture as it inherently involves a violation of cultural norms.
- Despite disagreements, absolutist/universalist perspectives have largely won out in the Global Mental Health movement.

Mental Health in Global South

- GMH movement particularly concerned w/ mental health in low income countries.
- Key concerns:
  - Minimal spending on mental healthcare.
    - 45% of world lives w/ <1 psychiatrist per 100 000 people.
  - Dependency on institutional care.
  - Prevalence of stigma.
  - Human rights violations.
  - Untreated mental illness as inhibiting development.

Case Study: Cote D'Ivoire

- One example: https://www.youtube.com/watch?v=kp56_w9T9yE

Addressing the Gap

- To address perceived gap b/t mental healthcare in North and South, GMH attempts to:
  - develop international classification systems, simplified tools for diagnostics.
  - standardize approaches to treatment (e.g. WHO list of essential medicines).
  - push policy makers to give equal priority to mental health, arguing that technology (digital or pharmaceutical) can make up for low funding.
  - emphasize prophylactic measures.
  - make up for psychiatric shortages by training other healthcare workers.

Case Study: Latvia

- Skultans: amidst the push for globalized mental healthcare, localized *nervi* displaced by global *depression*.
  - Nervi: somatized, grounded in relationship between individuals and societal disruption. Grounded in context.
  - Depression: focused on individual and their internal world, including biology. Decontexualizes suffering.
- Enacted via professional groups (who translated WHO criteria for depression in Latvian) and pharma (e.g. training seminars to local physicians).

Critiques I

- Despite concerns over situations like those in the video, scholars have highlighted some critiques of GMH movement:
- Reframes social problems as individual issues.
  - E.g. *Lancet*: "debt and distress has driven tens of thousands of Indian farmers to commit suicide in the past two decades. . . [highlighting] the increased need for mental health services in the country." Issues?
    - How will more clinicians address this problem? May divert attention from root causes.
- Furedi: "Society is much more comfortable dealing with poverty as a mental health problem rather than a social issue." Why?

Critiques II

- Western model that provides the basis for global mental healthcare itself deeply flawed:
  - Hasn't reduced rates of disability owing to MH problems.
  - Despite decades of "awareness raising," self-reported distress hasn't been reduced.
  - Hasn't tackled validity issue.

- This view of mental health as something apart from everyday situations (e.g. I'm unhappy b/c of my automatic thought patterns, serotonin levels, need to be more mindful in the moment, etc.) comes w/ meaningful economic costs in terms of pursuing treatment, missed work, etc. These luxuries may be unaffordable to those whose contexts (e.g. poverty, violence) are very different.

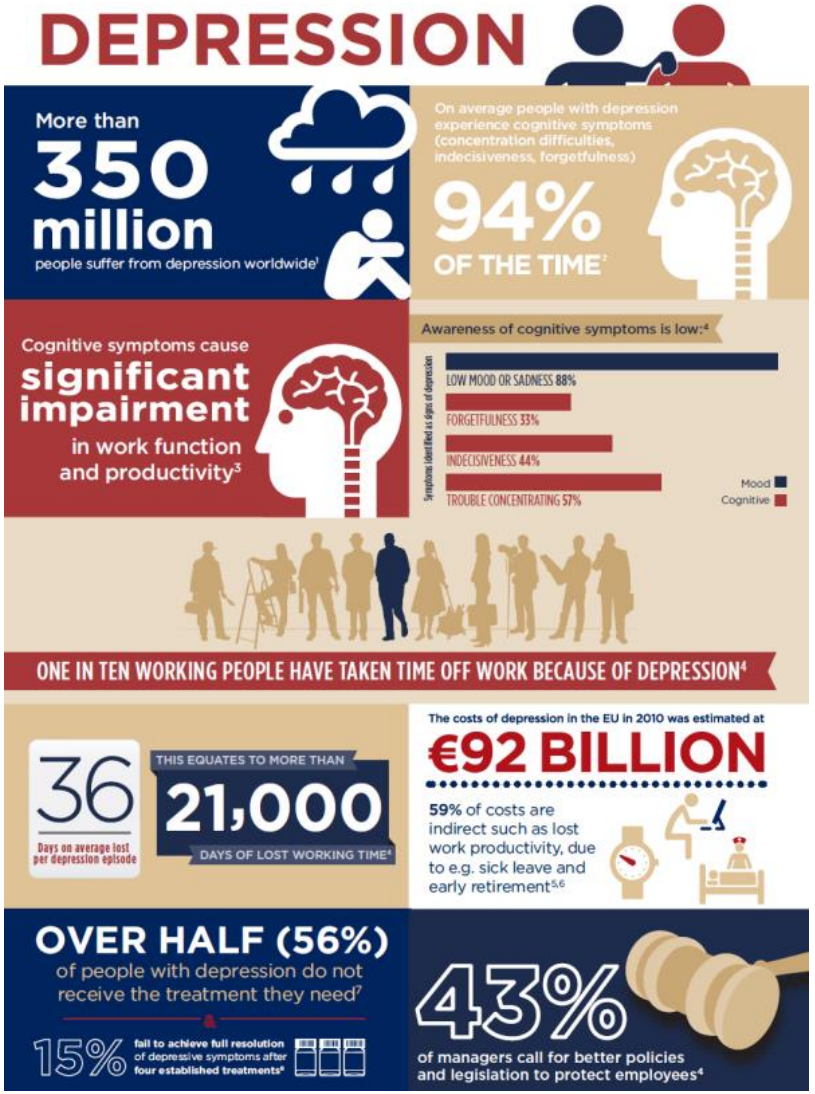
Critiques III

- Summerfield: global mental health won't work, as it's based on concepts that aren't meaningful for those being treated.
  - E.g. global uptick in international trauma prevention programs
    - Justified vis-à-vis PTSD, concerns about future conflict.
    - Trauma as a Western invention rather than a universal truth.
    - Interventions to address it may be culturally inappropriate.

- Jain and Jadhav: community mental health services set up across the Global South operate in isolation from the communities they serve, disconnecting people from everyday realities.
  - Focus on pill dispensing and compliance w/ global treatment standards, rather than giving agency to people.

Critiques IV

- A product of vested interests, where the Global South is “an untapped market.”
- Consider this info poster from Lundbeck: “Lundbeck puts depression on the global mental health agenda.”
- Mills: similarly, ADHD framed as barrier to development. Without treatment, poverty to continue.
  - ‘[a]ddressing young people’s mental health needs is crucial if they are to fulfil their potential and contribute fully to the development of their communities’ (Patel et al.)



Critiques V

- GMH as a form of psychiatric imperialism.
- Kirmayer: Global South effectively prevented from contributing to knowledge production of this “global science.”
- Summerfield: “Global mental health workers as the new missionaries:” modernizing, educating, civilizing.
  - Talking about how local pop. “lack mental health literacy” assumes that they should come to think like us…not that we need to understand *their* ideas.
- Their culture thus framed as “an obstacle for understanding.”
- What is being globalized is not only a framework for understanding suffering, but also ideas about personhood itself: individualized, psychologized, on guard for personal failures and deficits.

Decolonizing Mental Health Movement

- Those who reject absolutist/universalist approach have pushed against biological-reductionist perspectives. Some have argued for a need to decolonize mental healthcare.
- Mills: GMH names “people’s experiences in alien, and alienating, technical terms that deny personal or social meaningfulness.”
- Non-Westerners at risk for involuntary, inappropriate, and harmful treatment.
- Calls for recognizing diversity in how people understand and alleviate suffering.
- Rather than gold standard, Western mental healthcare simply one of many “ethnopsychiatries.”

Conclusions

- Global Mental Health movement aims to catalyze interest and funding for mental health, seeing mental health problems as a barrier to development and the source of (hidden) suffering.
- Diverse actors involved in promoting mental health literacy, destigmatizing illness, and promoting access to care.
- For critics, it's a form of psychological/psychiatric imperialism.
- Tensions! It is not a binary choice between GMH or people being chained up to trees.